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Award Number: DAMD17-01-1-0260

TITLE: A Longitudinal Study of Emotional Distress and the Use of

Complementary and Alternative Medicine in Women with

Breast Cancer

PRINCIPAL INVESTIGATOR: Dianne M. Shumay

CONTRACTING ORGANIZATION: University of Hawaii

Honolulu, Hawaii 96822

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The study purpose is to examine the extent to which levels of depression and anxiety and coping at three-five months post-diagnosis are related to complementary and alternative medicine (CAM) use at initial assessment and follow-up at 9 and 15 months. This study will also identify the types of CAM sought after by women with higher levels of anxiety and depression. Additional aims of the study are to provide pilot data for further research in developing interventions (such as mood regulation skills, coping skills training or treatment information) to meet the emotional needs and healthcare expectations of breast cancer patients. In conclusion, during this middle phase of the project, the primary function for the research team was to recruit participants and collect data. Fifty-one participants have completed the first questionnaire of the study and 22 have completed the second questionnaire, yielding preliminary descriptive results about the sample. The award has supported and quality training experience for the trainee and has supported her to continue to make satisfactory progress on her dissertion.

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### Introduction

The purpose of this study is to examine the extent to which levels of depression and anxiety and coping at three-five months post-diagnosis are related to complementary and alternative medicine (CAM) use at initial assessment and follow-up at 9 and 15 months. This study will also identify the types of CAM sought after by women with higher levels of anxiety and depression. Additional aims of the study are to provide pilot data for further research in developing interventions (such as mood regulation skills, coping skills training or treatment information) to meet the emotional needs and healthcare expectations of breast cancer patients. This study is funded as a predoctoral training grant. The research study serves as Ms. Shumay's doctoral dissertation.

### **Body**

During this middle phase of the project, the primary function for the research team was to recruit participants and collect data. For one year, we have been recruiting through four main efforts: physicians directly offering our recruitment brochure to eligible women; our brochure being sent by mail to women in the American Cancer Society Reach to Recovery program; and our brochure being sent to women who are patients of a major breast cancer surgeon in Hawaii.

In addition to these efforts, we have also attempted to boost recruitment via the following activities: we approached 10 surgeons on Oahu with high volume breast cancer patient-loads to encourage them to distribute the brochure to their patients, talked about the study on radio and television, attended cancer support group meetings, created a website (<a href="www.crch.org/bccam">www.crch.org/bccam</a>), spoke at an American Cancer Society event, staffed Cancer Research Center booths at community and professional events, spoke to area physicians at a clinical trials update meeting, networked at a breast cancer conference, brainstormed with Kaiser-Permanente's oncology coordinator, placed our materials at a dozen clinic and physician's waiting rooms and met with the CEO of the Hawaii-Pacific American Cancer Society.

These efforts have yielded 51 enrolled participants or less than one-half of the targeted sample size (125). There are approximately 1,000 women diagnosed with *in situ* or invasive breast cancer in Hawaii each year according to the Hawaii Tumor Registry (Hernandez, 2003). About 800 of these cases are those in which this is the first diagnosis of any cancer and are not staged as distant metastasis. Approximately half of these are diagnosed in Oahu's major hospitals making them available to the physicians through whom we are recruiting during a one year period. That brings us to about 400 women available to us for recruitment. To date we have 51 women enrolled in the study or just over 10% of the available patients. From our analysis of recruiting efforts, it appears that the most successful route to recruiting was the effort to send brochures directly to women with an introductory letter from their physician. To boost our number to reach our targeted sample size, we will focus future efforts in this direction by expanding the number of physicians that have sent out personal letters from one to as many as six. We are also investigating expanding the study to other regions outside of Hawaii where the population is larger.

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In addition to recruitment efforts, the research team has been collecting data. Approximately 67 women responded to our brochures by either telephone or mailed response card. We sent these women our initial survey packet (T1) which includes a cover letter, consent form, 12-page questionnaire, study pen, and return envelope. Of these 51 returned the questionnaire (a 76% response rate). Nonresponders were sent reminder cards. Of the 51 women who returned T1, 29 reached the number of months since diagnosis (9) to make them eligible for T2 and were sent the T2 packet. Twenty-two of these participants returned the T2 packet (24% attrition rate). Nonresponders were sent reminder cards. To date, no participants have been sent T3 packets.

We continue to prepare materials for the study, reproducing cover letters and consent forms for mail surveys and producing hundreds of recruitment brochures with response cards to be distributed. We also produced questionnaire sets and mailing packets. We redesigned the questionnaire sets for T1 and T2 distribution. We purchased supplies including envelopes, pens, labels, paper, cardstock and other miscellaneous supplies. We renewed IRB requirements with the University of Hawaii and Kaiser-Permanente. Over the year, we have developed a research team of undergraduate volunteers who were interested in learning about cancer research. A total of six undergraduates have spent time as research assistants, preparing materials for the study, doing library research, meeting to discuss topics in psychooncology, scanning questionnaires and managing the study database.

To date we have scanned the questionnaires of 47 of the participants and can report on preliminary demographic and treatment information for the sample. The mean age of the participants is 56.9 (SD = 10.8; range 34-85 years). The majority of the sample are of nonwhite ethnicity. Individuals of Japanese ancestry make up 25.5 percent, Caucasian 29.8 percent, Native Hawaiian 27.7 percent, Filipina 6.4 percent, other Asian (Chinese or Korean) 8.5 percent and other (2.1%). Educational levels of participants are as follows: 19.2% had a highschool diploma or equivalent; 42.5% attended college; and 38.3% attended graduate or professional school. Roughly 17% had annual family incomes of \$25,000 or less, 14.9% had incomes of \$25,000-\$50,000, 40.4% had incomes of \$50,000-\$100,000, 19.2% had incomes of greater than \$100,000. About 70% of the sample were married or co-habitating, and 29.8% were single, divorced or widowed. Nearly 28% of the sample reported having been treated for emotional difficulties before being diagnosed with breast cancer, while 8.5% reported having been treated for emotional difficulties since diagnosis. Regarding cancer treatment choices, 72.3% of the women had a lumpectomy with or without radiation and 46.8% had a mastectomy, either initially or after lumpectomy. About 34% also had chemotherapy, 19% also had hormonal therapy and 14.9% opted for breast reconstruction. During the month preceding the assessment, 77% received some cancer treatment, while 23% had not received any treatment. Some 23% of women stated that they had chosen not to have some treatment that the doctor had recommended. Of the 90% of women who knew their stage, over 50% reported having stage 1, 23% reported stage 2 and 13% reported stage 3 or higher.

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### **Key Research Accomplishments**

- Recruited 51 participants and collected data
- Developed study database
- Conducted preliminary descriptive analysis on sample
- IRB approval renewed
- Study materials prepared
- Developed relationships with key breast cancer surgeons in community
- Attended professional conferences and meetings promoting the study
- Attended an international cancer conference and presented a paper
- Included undergraduate students on research team

### **Reportable Outcomes**

- Received a Best Student Poster award at international cancer conference
- Evaluating as "outstanding" by program faculty for work on project
- Trained six undergraduates in the fundamentals of research
- Continue to make satisfactory project on dissertation toward defense in May 2004

### **Conclusions**

In conclusion, during this middle phase of the project, the primary function for the research team was to recruit participants and collect data. Fifty-one participants have completed the first questionnaire of the study and 22 have completed the second questionnaire, yielding preliminary descriptive results about the sample. The award has supported a quality training experience for Ms. Shumay and has supported her to continue to make satisfactory progress on her dissertation with targeted defense date in May 2004. In addition to supporting the quality training of a future breast cancer researcher, this project has the potential to further cancer research in a number of ways. This study should allow us to better understand the relationship between emotional distress and treatment decisionmaking in breast cancer, as well as to help underscore the importance of identifying and treating anxiety and depression after diagnosis. The results may serve to form the basis for further research in determining the appeal of CAM for emotionally distressed breast cancer patients with the goal of designing relevant interventions.

### References

Hernandez, B. Y. (2003). Highlights of recent cancer incidence data in Hawaii. *Hawaii Medical Journal*, 62, (17-18).

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Appendices

### Date

Ms. «First» «Last» «Address» «City», HI «Zip»

### Hello!

I support cancer research because I believe research is important to benefit current and future breast cancer patients. Right now, researchers at the Cancer Research Center at the University of Hawaii are conducting a written survey of women who have recently been diagnosed with breast cancer. This survey will explore how women cope emotionally with breast cancer diagnosis and how they make decisions regarding treatment including the decision to use or not to use complementary medicine. Hopefully, the information the study yields will aid in helping to improve future care for women with breast cancer.

Enclosed is a pamphlet describing the study. If you are interested or have any questions regarding the study, please call the study coordinator, **Dianne Shumay at (808) 564-5840** or feel free to call our office with any concerns you may have. Whether you decide to participate or not is up to you – your decision will not affect the medical treatment you receive.

Thanks for helping us help cancer research!

Warmly,

Name

Thank You!

contained in this brostudy, just complete If you would like to chure. Or call us at the response form participate in our 564-5840! www.crch.org/bccam

The Concer Research Center ut to University of Mawait Cancer Research Center of Hawai'i 1236 Lauhala Street Suite 406 Clinical Sciences Program Phone: 808-564-5840

Email: bccam@crch.hawaii.edu Fax: 808-586-2984

University of Hawaii The Cancer Resourch Center of the

4

Your Emotions & Treatment Choices for Breast Cancer



women with breast A new study for Cancer Research cancer from the **BCCAM** 

Tel: 808-554-5840



### Breast Cancer, Emotional Wellbeing and Complementary and Alternative Medicine Study Second Questionnaire

### DIRECTIONS FOR FILLING OUT THIS SURVEY

Thank you for taking part in our study. The questionnaire you fill out will be read by a machine, therefore we ask that you follow these directions:

- 1. Please use a BLACK pen to mark your answers.
- 2. Please return all pages of this questionnaire, and keep pages together with the clip provided. Please do NOT staple your pages together.
- 3. If you make a mistake and mark an answer that you did not mean to mark, simply put a large X through the incorrect mark. Then, proceed to mark your correct answer. We will disregard the mark with an X.

Shade our circles like this:	•		place a large X over	rcles completely, and only or a circle that you have				
Not like this:	0	0	mistakenly filled)	×				
For best results, please avoi	d conta	act with the	e edge of the boxes.	The following will serve as				
an example:								

If you have any questions about or need assistance in filling out this questionnaire, please feel free to call Dianne Shumay, MA at 564-5840 or Dr. Gertraud Maskarinec at 586-3078.



### Health Therapies Questionnaire

Below is a list of therapies that some people use for health reasons. Please indicate which therapies, if any, that you have tried. And for those you have used, indicate how regularly you have used them and your level of satisfaction. Please see attached page for definitions of health therapies.

yor acgumions of	Have you ever used this?	Do you currently use this?	Did you start using this before (B) or after (A)		If yes, how regularly have you used this therapy? (circle)  If yes, how satisfied with this therapy? (circle)												
			cancer diagnosis?	Used once			mewha gularly	-		ery ularly	Ve dissat		]	Neutral			Very itisfied
Chiropractic	Оч	Ои	O B O A	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Acupuncture/ Acupressure	Ои	O Y	ОВ	. 1	2	3	4	5	6	7	1	2	3	4	5	6	7
Massage therapy or bodywork	O Y	O Y O N	ОВ	1	2	3	4	5	6	.7	1	2	3	4	5	6	7
Homeopathic medicine	Ои	O Y O N	O B O A	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Relaxation techniques	O Y	O Y O N	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Hypnosis or self-hypnosis	Оч	Оч	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Yoga	Оч	O Y O N	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Religious heal -ing or prayer	O Y O N	O Y	O B O A	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Support group	O Y O N	O Y O N	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Osteopathy	Ои	O y O n	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Traditional Hawaiian healing	Ои	Ои	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Energy healing (i.e. healing touch, Reiki)	Ои	Ои	Ов	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Meditation	Ои	Ои	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Guided imagery/ visualization	O Y	O Y	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7
Naturopath	O Y O N	Ои	ОВ	1	2	3	4	5	6	7	1	2	3	4	5	6	7

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Did you Have you Do you start using If yes, how satisfied are you If yes, how regularly have you ever used currently this before (B) with this therapy? (circle) used this therapy? (circle) this? use this? or after (A) cancer Very Very Very Somewhat Used Neutral diagnosis? dissatisfied satisfied regularly once regularly Tai Chi or Qi OY O<sub>B</sub> OY 7 4 5 6 7 2 3 5 2 3 1 Gong Oи Oи O A OY O<sub>B</sub> OY 3 5 6 7 2 4 7 1 Aromatherapy 1 2 3 4 5 6 Ои Oи O A O<sub>B</sub> Herbs or  $O_{Y}$ ΟY 5 6 7 7 3 2 1 2 3 4 5 6 botanicals Oи Oи O A O<sub>B</sub> ΟY O Y 5 6 7 5 6 7 2 3 1 2 3 4 Special diet Oи O<sub>A</sub> Ои OB OY  $O_{Y}$ 2 3 5 6. 7 7 6 1 Vitamins 1 2 3 5 ON ON O A Other Oв  $O_{Y}$  $O_{Y}$ 7 5 6 7 2 3 2 4 5 6 1 3 supplements ON O A ON Ов ΟY OY 5 6 7 . 1 2 3 7 5 6 Exercise 1 2 3 Ои Ои O A O<sub>B</sub> OY  $O_{X}$ Other non-2 3 7 7 1 5 6 ON ON OA medical therapy Please list herbal/botanical therapies you take currently: Please list vitamins, minerals and other supplements you take currently: Please describe any special diets that you are currently on: Please list any other non-medical or alternative therapy you have used that is not included on the list above:

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### **MAC Scale**

A number of statements are given below which describe people's reactions to having cancer. Please fill in the circle underneath the statement, indicating how far it applies to you at present. For example, if the statement definitely does <u>not</u> apply to you, then you should fill in the circle in the first column.

	Definitely does not apply to me	Does <u>not</u> apply to me	Applies to me	Definitely applies to me
I have been doing things that I believe will improve my health (e.g. changed my diet)	0	0	0	0
I feel I can't do anything to cheer myself up	0	0	0	0
I feel that problems with my health prevent me from planning ahead	0	0	0	0
I believe that my positive attitude will benefit my health	0	0	0	0
I don't dwell on my illness	0	0	0	0
I firmly believe that I will get better	0	0	0	0
I feel that nothing I can do will make a difference	0	0	0	0
I've left it all to my doctors	0	0	0	0
I feel that life is hopeless	0	0	0	0
I have been doing things that I believe will improve my health (e.g. exercised)	0	0	0	0
Since my cancer diagnosis I now realize how precious life is and I'm making the most of it	0	0	0	0
I've put myself in the hands of God	0	0	0	0
I have plans for the future (e.g. holiday, jobs, housing)	0	0	. 0	0
I worry about the cancer returning or getting worse	0	0	0	0
I've had a good life, what's left is a bonus	0	0	0	0
I think my state of mind can make a lot of difference to my health	0	0	0	0
I feel that there is nothing I can do to help myself	0	0	0	0
I try to carry on my life as I've always done	0	0	0	0
I would like to make contact with others in the same boat	0	0	0	0
•			тъ" Г	



	Definitely does not apply to me	Does <u>not</u> apply to me	Applies to me	Definitely applies to me
I am determined to put it all behind me	0	0	0	0
I have difficulty in believing that this happened to me	0	0	0	0
I suffer great anxiety about it	0	0	0	0
I am not very hopeful about the future	0	0	0	0
At the moment I take one day at a time	0	0	0	0
I feel like giving up	0	0	0	0
I try to keep a sense of humor about it	0	0	0	0
Other people worry about me more than I do	0	0	0	0
I think of other people who are worse off	0	0	0	0
I am trying to get as much information as I can about cancer	0	0	0	0
I feel that I can't control what is happening	0	0	0	0
I try to have a very positive attitude	0	0	. 0	0
I keep quite busy, so I don't have time to think about it	0	0	0	0
I avoid finding out more about it	0	0	0	0
I see my illness as a challenge	0	0	0	0
I feel fatalistic about it	0	0	0	0
I feel completely at a loss about what to do	0	0	0	0
I feel very angry about what has happened to me	0	0	0	0
I don't really believe I had cancer	0	0	0	0
I count my blessings	0	0	0	0
I try to fight the illness	0	0	0	0

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### **Self-Evaluation Questionnaire - Form Y1 (STAI)**

A number of statements which people have used to describe themselves are given below. Read each statement and then fill in the appropriate bubble under the statement to indicate how you feel *right* now, that is *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	Not at all	Somewhat	Moderately So	Very Much So
I feel calm	0	0	0	0
I feel secure	0	0	0	0
I am tense	0	0	0	0
I feel strained	0	0	· O	0
I feel at ease	0	0	0	0
I feel upset	0	Ö	0	0
I am presently worrying over possible misfortunes	0	0	0	0
I feel satisfied	0	0	0	0
I feel frightened	0	0	0	0
I feel comfortable	0	0	0	0
I feel self-confident	0	0	0	.0
I feel nervous	0	0	0	0
I am jittery	0	0	0	0
I feel indecisive	0	0	0	0
I am relaxed	0	0	0	0
I feel content	0	0	0	0
I am worried	0	0	0	. 0
I feel confused	0	0	0	0
I feel steady	0	0	0	0
I feel pleasant	0	0	0	Ö

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### Self-Evaluation Questionnaire - Form Y2 (STAI)

A number of statements which people have used to describe themselves are given below. Read each statement and then fill in appropriate bubble under the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

	Not at all	Somewhat	Moderately So	Very Much So
I feel pleasant	0	0	0	0
I feel nervous and restless	0	0	0	0
I feel satisfied with myself	0	0	0	0
I wish I could be as happy as others seem to be	0	0	0	0
I feel like a failure	0	0	0	0
I feel rested	0	0	0	0
I am "calm, cool, and collected"	0	. 0	0	0
I feel that difficulties are piling up so that I cannot overcome them	0	0	0	0
I worry too much over something that really doesn't matter	0	0	0	0
I am happy	0	0	0	0
I have disturbing thoughts	0	0	0	0
I lack self-confidence	0	0	0	0
I feel secure	0	0	0,	0
I make decisions easily	0	0	0	0
I feel inadequate	0	0	0	0
I am content	0	0	0	0
Some unimportant thought runs through my mind and bothers me	0	0	0	0
I take disappointments so keenly that I can't put them out of my mind	0	0	0	0
I am a steady person	0	0	0	0
I get in a state of tension or turmoil as I think over my recent concerns and interests	0	0	0	. 0
		•	ID#	



### **CES-D**

Fill in the circle for each statement which best describes how often you felt or behaved this way - DURING THE PAST WEEK.

	Rarely or None of the Time (Less than 1 day)	Some or Little of the Time (1-2 days)	Occasionally or a Moderate Amount of the Time (3-4 Days)	Most or all of the Time (5-7 days)
I was bothered by things that usually don't bother me	0	0	0	0
I did not feel like eating: my appetite was poor	0	0	0	0
I felt that I could not shake off the blues even with help from my family or friends	0	0	0	0
I felt that I was just as good as other people	0	0	0	0
I had trouble keeping my mind on what I was doing	0	0	0	0
I felt depressed	0	0	0	0
I felt that everything I did was an effort	0	0	0	0
I felt hopeful about the future	0	0	0	0
I thought my life had been a failure	0	0	0	0
I felt fearful	0	0	0	0
My sleep was restless	0	0	0	0
I was happy	0	0	0	0
I talked less than usual	0	0	0	0
I felt lonely	0	0	0	0
People were unfriendly	0	0	0	0
I enjoyed life	0	0	0	0
I had crying spells	0	0	0	0
I felt sad	0	0	0	0
I felt that people disliked me	0	0	0	0
I could not get "going"	0	0	0	0
		· · · · · · · · · · · · · · · · · · ·		

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### **Impact of Event Scale (IES)**

Below is a list of comments made by people after being diagnosed with cancer. For each item, fill in the number which indicates how frequently these comments are true for you *over the past week*. If they are not occurring, choose "Not at all." While answering the items, think about the experience of being diagnosed with cancer as the event to which the items refer.

	Not at all	Rarely	Sometimes	Often
I think about it when I don't mean to	0	0	0	0
I avoid letting myself get upset when I think about it or am reminded of it	0	0	0	0
I try to remove it from my memory	0	0	0	0
I have trouble falling asleep or staying asleep, because of pictures or thoughts that come into my mind	0	0	0	0
I have waves of strong feelings about it	0	0	0	0
I have dreams about it	0	0	0	0
I feel as if it hasn't happened or isn't real	0	0	0	0
I try not to talk about it	0	0	0	0
Pictures about it pop into my mind	0	0	0	0
I stay away from reminders of it	0	0	0	0
Other things keep making me think about it	0	Ö	0	0
I am aware that I have a lot of feelings about it, but I don't want to deal with them	0	0	0	0
I try not to think about it	0.	0	0	0
Any reminder brings back feelings about it	0	0	0	0 `
My feelings about it are kind of numb	0	0	0	0
and the second s				



### **Background and Treatment History Questionnaire**

1. Today's date							
1. 10 11., 5 11	month / date	e / year					
O. Data a CDiamania							
2. Date of Diagnosis	month / date	e / year					
	monui / dav	, you					
3. Which treatments have	e you received	for breast can	cer? (Select all tha	at apply)			
	O Mastecto	omy					
	O Mastecto	omy with samp	ling of the lymph no	des			
	O Mastecto	omy and recon	struction at the same	time			
	O Lumpec	tomy (partial n	nastectomy) with san	npling of ly	mph nodes under	arm	
	O Lumpec	tomy (partial n	nastectomy) without	sampling o	of lymph nodes un	ider arm	
	O Chemoti	herapy					
	O Radiatio	n					
	_	al therapy (e.g	. Tamoxifen)				
			after initial surgery				
•	_		removal of non-cance	erous breas	t to reduce future	breast cancer ri	sk)
e.	O None of						•
4. Which treatments for	breast cancer a	re you curren	tly undergoing or l	nave recei	ved in the past r	nonth? (Select	all that apply)
	O Surgery				_		
	O Chemot						
•	O Radiatio						
	_	ne therapy (e.g.	Tamoxifen)				
	Ξ	,	ent at this time				
	O sucus						•
5 W7 -4 -4 4b - 1		$\circ$	$\circ$		$\circ$	$\circ$	
5. What stage was the b	oreast cancer?	Stage 1	Stage 2	:	Stage 3	Stage 4	Don't know
		Sugo I	5 mg • 2		B	6-	
6. How big was the tun	aaro Dagarika k	nalow)					
o. How big was the tun	noi: (Describe c	ieiow)					
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# The BCCAM Study

A Longitudinal Study of Emotional Distress and Complementary and Alternative Medicine Use among Women with Breast Cancer

Faculty Mentor: Gertraud Maskarinec MD PhD PI: Dianne M. Shumay MA (tel. 564-5840)

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- Karl Minke, PhD, UH Dept of Psychology

# **BCCAM Study**

- Pencil and paper questionnaire survey
- Investigating the relationship between emotional distress, coping and CAM use in breast cancer
- Three data collection points (<5 mos, 9 mos, 15 mos)
- Recruitment goal: 125 women from Hawaii
- Adult women diagnosed with 1st primary in situ or invasive breast cancer

# Background

- Emotional distress (ED)
- Depression and anxiety common after diagnosis
- Complementary and alternative medicine (CAM)
- "Those healthcare and medical practices that are not currently an integral part of conventional medicine." (NCCAM, 2002)
- Rates of CAM use 39-72% among women with breast cancer

# CAM & ED: The Connection

between emotional distress, coping and Several studies have found a connection CAM use...

scale was significantly related to CAM use emotional functioning on a quality of life Among Hawaii cancer survivors, poorer

(Maskarinec et al., 2000)

# Formulating the Study Question

- Why are women with breast cancer using CAM?
- Are women with emotional distress more likely to use CAM?
- What kinds of CAM are women with ED using?
- conventional medicine is not addressing ED? Are women seeking out CAM because

# Longitudinal Study

- T1 <5 months post diagnosis
- T2 9 months post diagnosis
- T3 15 months post diagnosis

# **Participants**

- Target: 125 women to start and 100 to finish study
- Criteria
- Female residents of Hawaii
- Over 18 years of age
- <5 months post-diagnosis with breast cancer</li>
- First primary
- In situ or invasive cancer, biopsy-confirmed

# Human Subjects approval

- CHS, University of Hawaii
- DOD IRB (granting agency)
- Kaiser-Permanente

## Procedure

- Interested participants are contacted by telephone or email
- Mailed informed consent and study materials
- Questionnaire packet (approx 45 minutes to complete)
- Procedure repeated at T2 and T3

# Implications

research in determining the appeal of CAM patients with the goal of designing relevant for emotionally distressed breast cancer This exploratory study will inform further interventions.

# Exploring Women's Experiences with Complementary and Alternative Medicine after Breast Cancer Diagnosis Cancer Research Center of Hawai'i, University of Hawai'i at Manoa Dianne M. Shumay MA & Gertraud Maskarinec MD PhD

### Background

Complementary and alternative medicine is cancer with estimates of CAM use popular among women with breast

Younger age, higher educational status and emerged as predictors of CAM use. certain psychosocial factors have ranging from 39% to 84%

they seek out CAM as a source of hope, symptom control, and to improve quality Cancer patients in general have stated that strengthen psychological resources for to increase sense of control, to reduce healing and coping with cancer, for stress, for spiritual concerns, to

We used a qualitative method to explore use CAM after breast cancer and what effects they expected CAM to have on women's stories of their decision to their health.

### Sample

Residents of the Hawaiian islands of Oahu, Maui, Hawaii & Kauai 43 women used at least 1 CAM type (mean= 9.24; range 0-21). 46 Asian, Caucasian, Native Hawaiian, Latina women Mean age = 55.1 (± 12.6) years (range: 33-90)

### Method

Semi-structured interviews with open-ended questions aprox 3 years post-diagnosis

interviews conducted in the woman's home Interviews were transcribed and then or other comfortable location.

analyzed using NUD\*IST, a qualitative analysis software.

We categorized themes that emerged from A grounded theory qualitative method of analysis was used

the women's own words

### hemes: Women's Expectations of CAM's Beneficial Effects

Help with Cancer Treatment

her plan for me at that point was to bullet proof my body, so that radiation would only effect what it is supposed to effect and not damage anything else. It really worked. I effect. There was nothing. It was great. It was fun. I got "I was already on the program with Dr X. She told me that wasn't even tired. I didn't have any sunburn kind of to know all these wonderful people. It was not a

## Help Heal and Maintain Health

Christian thing, heal be cured (...) The Christian thought process is to heal and that is a little bit different than the The CAM thing is just heal and be cured, which is also a scientific thing in the sense of lets get rid of this growth

"I think they keep me healthy somehow and keep me going. I don't feel tired."

## Help Improve Quality of Life

not just life. I'm not sure the medical people would agree therapies would be more concerned with quality of life, "I think CAM goes a little beyond that, I think CAM with me, but that's just a feeling that I have."

### hemes: Women's Reasons Seeking CAM for

Gain Control

"Mentally, I think it (CAM) helps, because you feel like you are being proactive, you are putting good things in your body."

### **Try Everything Possible**

that, because I knew I already went through the conventional. And I wanted to do everything for myself to make sure it didn't come back, cause and possible, if it did come back, then it would if I don't do everything that I know is out there "And as far as using the imagery and things like be like my fault. For not having gone the full measure.

### Themes: Process of Positive Self-Transformation 🚟

started to live. The goal is to get the person well again, not just themselves so they can stay well, not just physically well, but well from cancer, but to get the whole person well, give them learn from all these experiences from cancer so that you can "It's just loving life, if I would have named this carpet it would say I love life, enjoy life and all it has to offer (...) This is not my style of art at all, this changed after I got cancer and I the tools to become stronger and willing to take care of start your life over again and do it right."

getting it was a blessing as a paradox, because it forced me to evaluate my life at that point in time and make a decision, that Life is much more meaningful now. The paradox as I have read in other literature since discovering this illness that has been only beneficial."

CAM is life-changing; you really have to make that commitment to do it."

cancer, but to get the whole person well, give them the tools to they can stay well, not just physically well, but learn from all these experiences from cancer so that you can start your become stronger and willing to take care of themselves so The goal is to get the person well again, not just well from life over again and do it right."

### Conclusions

complement conventional treatment, help with healing, The women interviewed here expressed a willingness to maintain health, gain control and improve mental as actively seek information and engage in CAM to well as physical quality of life. The emergent themes underscored the seeking of CAM as women contributes to a life changing transformation a psychologically positive endeavor that for many after cancer.

\*\* Movement of the first of the second of th We wont to thank all participants for their time and ellion.
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